

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10790766

FILING DATE

APPLICANT(S)

B-J-DY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
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130						
131						
132						
133						
134						
135						
136	1					
137		1				
138		1				
139		1				
140		1				
141		1				
142	1					
143	1					
144		1				
145		1				
146		1				
147		1				
148		1				
149		1				
150		1				
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS						

151	1					
152	1					
153	1	1				
154	1					
155	1					
156	1					
157	1					
158	1					
159	1					
160	1					
161	1					
162	1					
163	1					
164	1					
165	1					
166	1					
167	2					
168	2					
169	2					
170	2					
171	1					
172	1					
173	1	1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						